

07/10/01

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|                        |  |
|------------------------|--|
| Attorney Docket No.    | PAY00-003  |
| First Inventor         | James Templeton  |
| Title                  | System and Method for Verifying a Financial Instrument |
| Express Mail Label No. | EL 856 142 369 US                                      |

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

**ADDRESS TO:**Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)
  2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
  3. ☒ Specification [Total Pages (preferred arrangement set forth below)
    - Descriptive title of the Invention
    - Cross References to Related Applications
    - Statement Regarding Fed sponsored R & D
    - Reference to sequence listing, a table, or a computer program listing appendix
    - Background of the Invention
    - Brief Summary of the Invention
    - Brief Description of the Drawings (if filed)
    - Detailed Description
    - Claim(s)
    - Abstract of the Disclosure
  4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets   - 5. Oath or Declaration [Total Pages   - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 17 completed)
    - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76.

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a. ☐ Computer Readable Copy (CRF)
  - b. Specification Sequence Listing on.
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. § 73(b) Statement ☒ Power of Attorney  
(when there is an assignee) (Combined with Declaration)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified copy of Priority Document(s) (if foreign priority is claimed)
16. ☒ Other: Credit Card Payment Form

Other:

**17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:**☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. \_\_\_\_\_ / \_\_\_\_\_ filed \_\_\_\_\_  
Prior application information: Examiner: \_\_\_\_\_ Group Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**18. CORRESPONDENCE ADDRESS**

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| Name (Print/Type) | Daniel E. Vaughan | Registration No. (Attorney/Agent) | 42,199        |
| Signature         |                   | Date                              | July 10, 2001 |

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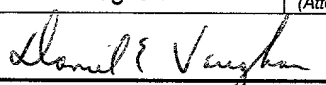
# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

## Complete if Known

|  |  |                      |                 |
|--|--|----------------------|-----------------|
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>1,448</b> |  | Application Number   |                 |
|  |  | Filing Date          | July 10, 2001   |
|  |  | First Named Inventor | James Templeton |
|  |  | Examiner Name        |                 |
|  |  | Group Art Unit       |                 |
|  |  | Attorney Docket No.  | PAY00-003       |

| METHOD OF PAYMENT (check one)   | FEE CALCULATION (continued)   |                           |               |  |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
|---|---|---------------------------|---------------|--|-----------------------|-----------------|---------------|---------------|---------------|---------------|---------------|-----|-----|-----|--------------------|-------------------------------------|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|---------------------------|-----|-----|------|-----|--------------------|--|-----|-----|------|-----|------------------------|--|---------------------|-----|-------|-----|-------|---|--------------|-----|--------------|-----|----------------|--|----------|-----|-----|--------|-----|---|----|-----|-----|-----|-----|--|---|-----|------|-----|-----|---|--------------------|-----|------|-----|-----|--|--|-----|---------------------------|-----|-----|------------------|-----------------|----------|---------------|---------------|---------------|--|-----|-----|-----|-----|------------------------|--------------------------|-----|-----|------|-----|-----------------------------------|---|-----|-----|-----|-----|---------------------------------------|----------------------------------|-----|-----|------|-----|--|------------------------------------|-----|-----|------|-----|--|--------------------------------|---------------------|-----|-----|-----|-----|-----------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|----|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|------------------------------------|--|--|--|--|--|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to</p> <p>Deposit Account Number <u>50-1801</u></p> <p>Deposit Account Name <u>Park, Vaughan &amp; Fleming LLP</u></p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other Order</p>  | <p><b>3. ADDITIONAL FEES</b></p> <table border="1"> <thead> <tr> <th colspan="4">Large Entity Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2520</td> <td>147</td> <td>2520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113</td> <td>1840*</td> <td>113</td> <td>1840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>116</td> <td>390</td> <td>216</td> <td>195</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>890</td> <td>217</td> <td>445</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1390</td> <td>218</td> <td>695</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1890</td> <td>228</td> <td>945</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>119</td> <td>310</td> <td>219</td> <td>155</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>310</td> <td>220</td> <td>155</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>270</td> <td>221</td> <td>135</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1510</td> <td>138</td> <td>1510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>141</td> <td>1240</td> <td>241</td> <td>620</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>142</td> <td>1240</td> <td>242</td> <td>620</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143</td> <td>440</td> <td>243</td> <td>220</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144</td> <td>600</td> <td>244</td> <td>300</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>40</td> </tr> <tr> <td>146</td> <td>710</td> <td>246</td> <td>355</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>149</td> <td>710</td> <td>249</td> <td>355</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td>179</td> <td>710</td> <td>279</td> <td>355</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="6">Other fee (specify) _____</td> </tr> <tr> <td colspan="6">* Reduced by Basic Filing Fee Paid</td> </tr> </tbody> </table> | Large Entity Small Entity |               |  |                       | Fee Description | Fee Paid      | Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | 105 | 130 | 205 | 65                 | Surcharge - late filing fee or oath |     | 127 | 50  | 227 | 25                | Surcharge - late provisional filing fee or cover sheet |     | 139 | 130 | 139 | 130              | Non-English specification |     | 147 | 2520 | 147 | 2520               | For filing a request for <i>ex parte</i> reexamination |     | 112 | 920* | 112 | 920*                   | Requesting publication of SIR prior to Examiner action |                     | 113 | 1840* | 113 | 1840* | Requesting publication of SIR after Examiner action |              | 115 | 110          | 215 | 55             | Extension for reply within first month |          | 116 | 390 | 216    | 195 | Extension for reply within second month |    | 117 | 890 | 217 | 445 | Extension for reply within third month |   | 118 | 1390 | 218 | 695 | Extension for reply within fourth month |                    | 128 | 1890 | 228 | 945 | Extension for reply within fifth month |  | 119 | 310                       | 219 | 155 | Notice of Appeal |                 | 120      | 310           | 220           | 155           | Filing a brief in support of an appeal |     | 121 | 270 | 221 | 135                    | Request for oral hearing |     | 138 | 1510 | 138 | 1510                              | Petition to institute a public use proceeding |     | 140 | 110 | 240 | 55                                    | Petition to revive - unavoidable |     | 141 | 1240 | 241 | 620  | Petition to revive - unintentional |     | 142 | 1240 | 242 | 620  | Utility issue fee (or reissue) |                     | 143 | 440 | 243 | 220 | Design issue fee      |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 40 | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | * Reduced by Basic Filing Fee Paid |  |  |  |  |  |
| Large Entity Small Entity   |   |                           |               | Fee Description  | Fee Paid              |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| Fee Code (\$)   | Fee Code (\$)   | Fee Code (\$)             | Fee Code (\$) |  |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 105   | 130   | 205                       | 65            | Surcharge - late filing fee or oath  |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 127   | 50  | 227                       | 25            | Surcharge - late provisional filing fee or cover sheet                     |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 139   | 130   | 139                       | 130           | Non-English specification  |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 147   | 2520  | 147                       | 2520          | For filing a request for <i>ex parte</i> reexamination                     |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 112   | 920*  | 112                       | 920*          | Requesting publication of SIR prior to Examiner action                     |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 113   | 1840*   | 113                       | 1840*         | Requesting publication of SIR after Examiner action                        |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 115   | 110   | 215                       | 55            | Extension for reply within first month                                     |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 116   | 390   | 216                       | 195           | Extension for reply within second month                                    |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 117   | 890   | 217                       | 445           | Extension for reply within third month                                     |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 118   | 1390  | 218                       | 695           | Extension for reply within fourth month                                    |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 128   | 1890  | 228                       | 945           | Extension for reply within fifth month                                     |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 119   | 310   | 219                       | 155           | Notice of Appeal   |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 120   | 310   | 220                       | 155           | Filing a brief in support of an appeal                                     |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 121   | 270   | 221                       | 135           | Request for oral hearing   |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 138   | 1510  | 138                       | 1510          | Petition to institute a public use proceeding                              |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 140   | 110   | 240                       | 55            | Petition to revive - unavoidable   |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 141   | 1240  | 241                       | 620           | Petition to revive - unintentional   |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 142   | 1240  | 242                       | 620           | Utility issue fee (or reissue)   |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 143   | 440   | 243                       | 220           | Design issue fee   |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 144   | 600   | 244                       | 300           | Plant issue fee  |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 122   | 130   | 122                       | 130           | Petitions to the Commissioner  |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 123   | 50  | 123                       | 50            | Petitions related to provisional applications                              |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 126   | 180   | 126                       | 180           | Submission of Information Disclosure Stmt                                  |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 581   | 40  | 581                       | 40            | Recording each patent assignment per property (times number of properties) | 40                    |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 146   | 710   | 246                       | 355           | Filing a submission after final rejection (37 CFR 1.129(a))                |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 149   | 710   | 249                       | 355           | For each additional invention to be examined (37 CFR 1.129(b))             |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 179   | 710   | 279                       | 355           | Request for Continued Examination (RCE)                                    |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 169   | 900   | 169                       | 900           | Request for expedited examination of a design application                  |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| Other fee (specify) _____   |   |                           |               |  |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| * Reduced by Basic Filing Fee Paid  |   |                           |               |  |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| <p><b>FEE CALCULATION</b></p> <p><b>1. BASIC FILING FEE</b></p> <table border="1"> <thead> <tr> <th colspan="4">Large Entity Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>710</td> <td>201</td> <td>355</td> <td>Utility filing fee</td> <td>710</td> </tr> <tr> <td>106</td> <td>320</td> <td>206</td> <td>160</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>490</td> <td>207</td> <td>245</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>710</td> <td>208</td> <td>355</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5"><b>SUBTOTAL (1)</b></td> <td><b>(\$)<b>710</b></b></td> </tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <table border="1"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>41</td> <td>-20**=</td> <td>21</td> <td>X</td> <td>18</td> <td>=</td> <td>378</td> <td></td> </tr> <tr> <td>7</td> <td>-3**=</td> <td>4</td> <td>X</td> <td>80</td> <td>=</td> <td>320</td> <td></td> </tr> <tr> <td colspan="6">Multiple Dependent</td> <td></td> <td></td> </tr> </tbody> </table> <p>**or number previously paid, if greater, For Reissues, see below</p> <table border="1"> <thead> <tr> <th colspan="4">Large Entity Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>80</td> <td>202</td> <td>40</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>135</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>80</td> <td>209</td> <td>40</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5"><b>SUBTOTAL (2)</b></td> <td><b>(\$)<b>698</b></b></td> </tr> </tbody> </table> | Large Entity Small Entity   |                           |               |  | Fee Description       | Fee Paid        | Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | 101           | 710 | 201 | 355 | Utility filing fee | 710                                 | 106 | 320 | 206 | 160 | Design filing fee |  | 107 | 490 | 207 | 245 | Plant filing fee |                           | 108 | 710 | 208  | 355 | Reissue filing fee |  | 114 | 150 | 214  | 75  | Provisional filing fee |  | <b>SUBTOTAL (1)</b> |     |       |     |       | <b>(\$)<b>710</b></b>                               | Total Claims |     | Extra Claims |     | Fee from below |  | Fee Paid |     | 41  | -20**= | 21  | X                                       | 18 | =   | 378 |     | 7   | -3**=                                  | 4 | X   | 80   | =   | 320 |   | Multiple Dependent |     |      |     |     |  |  |     | Large Entity Small Entity |     |     |                  | Fee Description | Fee Paid | Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | Fee Code (\$)                          | 103 | 18  | 203 | 9   | Claims in excess of 20 |                          | 102 | 80  | 202  | 40  | Independent claims in excess of 3 |   | 104 | 270 | 204 | 135 | Multiple dependent claim, if not paid |                                  | 109 | 80  | 209  | 40  | ** Reissue independent claims over original patent |                                    | 110 | 18  | 210  | 9   | ** Reissue claims in excess of 20 and over original patent |                                | <b>SUBTOTAL (2)</b> |     |     |     |     | <b>(\$)<b>698</b></b> | <p><b>SUBTOTAL (3)</b> (\$)<b>40</b></p> |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| Large Entity Small Entity   |   |                           |               | Fee Description  |                       |                 | Fee Paid      |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| Fee Code (\$)   | Fee Code (\$)   | Fee Code (\$)             | Fee Code (\$) |  |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 101   | 710   | 201                       | 355           | Utility filing fee   | 710                   |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 106   | 320   | 206                       | 160           | Design filing fee  |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 107   | 490   | 207                       | 245           | Plant filing fee   |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 108   | 710   | 208                       | 355           | Reissue filing fee   |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 114   | 150   | 214                       | 75            | Provisional filing fee   |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| <b>SUBTOTAL (1)</b>   |   |                           |               |  | <b>(\$)<b>710</b></b> |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| Total Claims  |   | Extra Claims              |               | Fee from below   |                       | Fee Paid        |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 41  | -20**=  | 21                        | X             | 18   | =                     | 378             |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 7   | -3**=   | 4                         | X             | 80   | =                     | 320             |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| Multiple Dependent  |   |                           |               |  |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| Large Entity Small Entity   |   |                           |               | Fee Description  | Fee Paid              |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| Fee Code (\$)   | Fee Code (\$)   | Fee Code (\$)             | Fee Code (\$) |  |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 103   | 18  | 203                       | 9             | Claims in excess of 20   |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 102   | 80  | 202                       | 40            | Independent claims in excess of 3  |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 104   | 270   | 204                       | 135           | Multiple dependent claim, if not paid                                      |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 109   | 80  | 209                       | 40            | ** Reissue independent claims over original patent                         |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| 110   | 18  | 210                       | 9             | ** Reissue claims in excess of 20 and over original patent                 |                       |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |
| <b>SUBTOTAL (2)</b>   |   |                           |               |  | <b>(\$)<b>698</b></b> |                 |               |               |               |               |               |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |      |     |                    |  |     |     |      |     |                        |  |                     |     |       |     |       |   |              |     |              |     |                |  |          |     |     |        |     |   |    |     |     |     |     |  |   |     |      |     |     |   |                    |     |      |     |     |  |  |     |                           |     |     |                  |                 |          |               |               |               |  |     |     |     |     |                        |                          |     |     |      |     |                                   |   |     |     |     |     |                                       |                                  |     |     |      |     |  |                                    |     |     |      |     |  |                                |                     |     |     |     |     |                       |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                    |  |  |  |  |  |

| SUBMITTED BY      |   |                                   |        | Complete (if applicable) |               |
|-------------------|---|-----------------------------------|--------|--------------------------|---------------|
| Name (Print/Type) | Daniel E. Vaughan   | Registration No. (Attorney/Agent) | 42,199 | Telephone                | 650/474-1973  |
| Signature         |  |                                   |        | Date                     | July 10, 2001 |

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